

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>7/10/15</b>		Name of Building Owner/Operator (2) <b>BUCKEYE PARTNERS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>380 MAURER RD.</b>							
		City, State, Zip Code <b>PERTH AMBOY, NJ 08863</b>							
		Name of Contact <b>DAVID KELLY</b>	Telephone Number <b>908</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BUCKEYE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1200 STATE STREET</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>PERTH AMBOY, NJ</b>		Bldg. Age <b>N/A</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCN No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 Broad St</b>		Street Address <b>396 WHITEHEAD AVE</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>6/30/15</b>	Scheduled Completion Date (11) <b>7/1/15</b>	Street Address <b>396 WHITEHEAD AVE.</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTSIDE</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTSIDE</b>		<b>X</b>		<b>ACM PIPE INS.</b>	<b>70 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>FREEHOLD CARTAGE</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>APPX 10</b>	Name of Registered Landfill <b>CUMBERLAND CNTY</b>					
City, State <b>FREEHOLD, NJ</b>		Disposal Date <b>7/1/15</b>		City, State <b>NEWBURG, PA.</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR</b>	Signature <b>Carol Raimo</b>	Date <b>7/10/15</b>					

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>6/17/15</b>		Name of Building Owner/Operator (2) <b>BUCKEYE PARTNERS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>380 MAURER RD.</b>							
		City, State, Zip Code <b>PERTH AMBOY, NJ 08863</b>							
		Name of Contact <b>DAVID KELLY</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BUCKEYE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1200 STATE STREET</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>PERTH AMBOY, NJ</b>		Bldg. Age <b>N/A</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 Broad St</b>		Street Address <b>396 WHITEHEAD AVE</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>6/30/15</b>	Scheduled Completion Date (11) <b>7/1/15</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTSIDE</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTSIDE</b>		<b>X</b>		<b>ACM Pipe Ins.</b>	<b>70 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>FREEHOLD CARTAGE</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>APPR 10</b>	Name of Registered Landfill <b>WESTERN BERKS</b>					
City, State <b>FREEHOLD, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>BIRDSTROG, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR</b>	Signature <b>Carol Raimo</b>	Date <b>6/17/15</b>					



CK-2837

## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)


<u>Date of Notification (1)</u> <b>July 13, 2015</b>		<u>Name of Building Owner/Operator (2)</u> <b>Delbarton School</b>	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> <b>230 Mendham Road</b>		<u>City, State, Zip Code</u> <b>Morristown NJ</b>	
<u>Name of Contact</u> <b>Michel Rimpel</b>		<u>Telephone Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Delbarton School</b>		<u>Type of Facility (4)</u> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> <b>60,000</b> <u># of Floors:</u> <b>3</b> <u>Bldg. Age:</u> <b>60 years</b>	
<u>Street Address</u> <b>230 Mendam Road</b>		<u>Current Use (prior if being demolished):</u>	
<u>City (5)</u> <b>Morristown</b>	<u>County (6)</u> <b>Morris</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Detail Associates, Inc.</b> <b>DAI Environmental Services</b>		<u>ASCM No.</u> <b>00012</b>	
<u>Street Address</u> <b>300 Grand Avenue</b>		<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<u>City, State, Zip Code</u> <b>Englewood, NJ 07631</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>Project Manager for Monitoring Firm</u> <b>Stephen Jaraczewski</b>		<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>	
<u>Telephone Number</u> <b>201.569.6708</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>	
<u>Scheduled Start Date (10)</u> <b>July 30, 2015</b>	<u>Scheduled Completion Date (11)</u> <b>August 7, 2015</b>	<u>Name of OSHA Monitor</u> <b>EMSL inc.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		<u>Street Address</u> <b>1056 Stelton Road</b>	
		<u>City, State, Zip Code</u> <b>Piscataway, NJ 08854</b>	
<u>Source of Work (Check all that apply)</u>			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<b>Room # 222,223,224</b>	<input checked="" type="checkbox"/>	<b>Plaster Ceiling VAT &amp; Mastic</b>	<b>700sf 400 SF</b>
<u>Abatement Type</u> Remove Repair Encap Enclose			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> <b>40</b>	<u>Name of Registered Landfill</u> <b>Meadowfill Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561</b>		<u>Disposal Date</u> <b>August 7, 2015</b>	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
<u>Completed by (Print or Type)</u> <b>Marin Graure</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> <b>July 13, 2015</b>

GAC # 2015-508

*Emergency*

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CK 4970

Date of Notification (1) 7/13/15		Name of Building Owner/Operator (2) Paul Tsarnas Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 39 West Mohawk Drive		City, State, Zip Code Little Egg Harbor NJ 08087							
Name of Contact Paul		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Paul Tsarnas Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 39 West Mohawk Drive		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/14/15	Scheduled Completion Date (11) 7/16/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 7/16/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/13/15		



CK 1108

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>07/10/15</b>		Name of Building Owner/Operator (2) <b>ANIL MACCIE</b>	
Agencies Notified	Type Notification	Street Address <b>23 COLLAMORE TER.</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>WEST ORANGE, NJ, 07052</b>	
		Name of Contact <b>ANNA MARIE LUCIANO</b>	Telephone Number <b>-1..</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>MACCIE ESTATE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>23 COLLAMORE TER</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>
City (5) <b>WEST ORANGE</b>		Bldg. Age <b>1920</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>INDIAN ARROW INDUSTRIES CORP.</b>
Street Address		Street Address <b>144 MILL ST.</b>	
City, State, Zip Code		City, State, Zip Code <b>PATERSON, NJ, 07501</b>	
Project Manager for Monitoring Firm		Telephone No. <b>9436533652</b>	License No. <b>1257</b>
Start Date (10) <b>07/22/15</b>	Scheduled Completion Date (11) <b>08/22/15</b>	Name of OSHA Monitor <b>INDIAN ARROW INDUSTRIES CORP.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>144 MILL ST.</b>	
		City, State, Zip Code <b>PATERSON, NJ, 07501</b>	

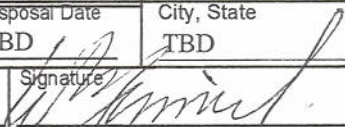
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>40 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>TSI</b>		<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>ATLANTIC CARTING</b>	NJDEP Waste Hauler ID No. <b>26085</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G. R. O. W. S.</b>
City, State <b>WAYNE, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>TULLYTOWN, PA</b>
Completed by <b>GORAN IGEV</b>	Title <b>SECRETARY</b>	Signature <b>[Signature]</b>	Date <b>07/10/15</b>

CK 1578

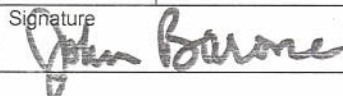
**State of New Jersey**  
**NOTIFICATION ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>7/10/2015</u>		Name of Building Owner/Operator (2) <u>Juanita Hendrickson</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>6145 Irving Avenue</u>	
		City, State, Zip Code <u>Pennsauken, NJ</u>	
		Name of Contact <u>Kelly-Jo Gipe</u>	
Telephone Number _____			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residence Shed</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address <u>6145 Irving Avenue</u>		Square Feet <u>80 SF</u>	# of Floors <u>1</u>
City (s) <u>Pennsauken, NJ</u>		Bldg. Age <u>15 Yrs</u>	
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Vacant</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address		Street Address <u>300 S. Lenola Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>2/21/15</u>	Scheduled Completion Date (11) <u>2/25/15</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u>	
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount (Specify SF or LF) <u>250 sf</u>		
Exterior		X	Transite
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 
			Date <u>7/10/15</u>



OK 13674

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 13, 2015		Name of Building Owner/Operator (2) Public Service Electric & Gas							
Agencies Notified	Type Notification	Street Address 444 St. Pauls Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Theirry Garcy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Street excavation at PPG site		Type of Facility (4)							
Street Address 70 Cateret Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet N/A	# of Floors N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Abatement Unlimited, Inc.						
Street Address		Street Address 4332 Bullard Avenue							
City, State, Zip Code		City, State, Zip Code Bronx, NY 10644							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 718 994-1374						
Start Date (10) July 23, 2015		Scheduled Completion Date (11) July 24, 2015	License No. 01067						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Abatement Unlimited, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: excavation area/staging area isolation		Street Address 4332 Bullard Avenue							
		City, State, Zip Code Bronx, NY 10466							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Street excavation area			x	non-friable ACM pipe tar	200 LF	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 10 cy	Name of Registered Landfill Wayne Disposal Inc.					
City, State Eden Lane      Flanders, NJ 07836		Disposal Date July 27, 2015		City, State Bellville, MI 48111					
Completed by John Barone		Title Senior Project Manager		Signature 			Date 7/13/15		

chad  
1742


JUL 15 2015



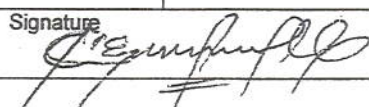
MO 2274856918

State of New Jersey

# **NOTIFICATION OF ASBESTOS ABATEMENT** (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 07/13/2015		Name of Building Owner/Operator (2) Newark Public School		JUL 15 2015				
Agencies Notified	Type Notification	Street Address:						
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	2 Cedar Street						
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code:						
<input checked="" type="checkbox"/> DOL	Amendment#:	Newark, NJ 07102						
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact:		Telephone Number:				
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mr. Benjamin Olagadeyo						
<b>FACILITY INFORMATION</b>								
Name of Facility Branch Brook School			Type of Facility (4):					
228 Ridge Street			<input type="checkbox"/> School (K-12)					
City/ (5) Newark			<input type="checkbox"/> Subchapter 8 (Other than K-12)					
County (6): Essex		County Code (7): 07104	<input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
			Square Feet: # of Floors:					
			Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 1253 North Church Street			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: James Guillard		Telephone No.: 856-840-8800	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 07/24/15	Scheduled Completion Date (11): 11/30/15		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one)			Street Address:					
<input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement			<b>255 West 36<sup>th</sup> Street, Suite 203</b>					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code:					
Describe:			<b>New York, New York, 10018</b>					
<input type="checkbox"/> Other								
Describe:								
Scope of Work (Check all that apply):								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> Glovebag Procedure				
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
BOILER ROOM		X	BOILER INSULATION (2 BOILER)	600 SF	*			
BOILER ROOM		X	BOILER BREECH	300 LF	*			
BOILER ROOM		X	PIPE INSULATION	180 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 07/13/2015		

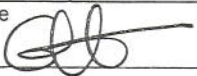
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/07/2015		Name of Building Owner/Operator (2) JOANNE LEICHTWEISZ							
Agencies Notified	Type Notification	Street Address 149 S. MAIN ST.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK NJ. 07601							
		Name of Contact JOANNE LEICHTWEISZ	Telephone Number 7444						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 149 S. MAIN ST.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HACKENSACK NJ. 07601		Square Feet 2,200	# of Floors 2 STORIES						
		Bldg. Age 82 Y.							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm		Telephone No. 201- 708- 4270	License No. 01135						
Start Date (10) 07/17/15	Scheduled Completion Date (11) 07/20/15	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT. 22 W							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code UNION NJ. 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		LINOLEUM FLOOR BROWN	400 SF.	X			
GARAGE		X		FLOOR TILE 9X9 BROWN. VAT	300 SF	X			
CEILING TILEING THE BASEMENT		X		PIPE INSULATION	85 ft	X			
First Floor (Small Bedroom)		X		LINOLEUM	75 SF.	X			
Name of Registered Waste Hauler TRI. STATE ASSOC : INC		NJDEP Waste Hauler ID No. 1991		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE. INC				
City, State BRONX, NY				Disposal Date TBD	City, State WAYNESBURG. OHIO				
Completed by CARLOS ESQUIVEL		Title MANAGER		Signature 		Date 07/07/2015			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

ch#3711

Date of Notification (1) 07/13/2015		Name of Building Owner/Operator (2) Montclair Board of Education		JUL 15 2015					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		22 Valley Road					
				City, State, Zip Code Montclair, NJ 07042					
		Name of Contact Lenny Saponara		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Northeast School				Type of Facility (4)					
Street Address 603 Grove Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Montclair				Square Feet	# of Floors				
				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave				Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 011004				
Start Date (10) 07/24/2015		Scheduled Completion Date (11) 07/27/2015		Name of OSHA Monitor J&S Environmental Laboratories					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
room 21			x	radiator insulation	48 sf	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1yd	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey				Disposal Date n/a	City, State Morrisville, PA				
Completed by Momo Glavatovic		Title vice president		Signature 		Date 07/13/2015			

05/27/2032 08:13 FAX


00002/0004

Print Form

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

DOL - 10 DAY

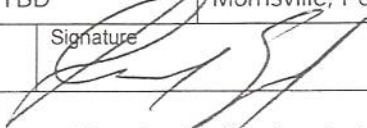
3708

Date of Notification (1) 07/09/2015		Name of Building Owner/Operator (2) Montclair Board of Education		DOL - 10 DAY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Lenny Saponara	
Name of Facility Where Abatement is Taking Place (3) Mt. Hebron school					
Street Address 173 Bellevue Ave City (5) Montclair County (6) Essex			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Street Address 300 Grand Ave City, State, Zip Code Englewood, NJ 07631			Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Ave City, State, Zip Code Woodland Park, NJ 07424		
Project Manager for Monitoring Firm Stephen Jaraczewski Telephone No. 201-569-6708			License No. 01104		
Start Date (10) 07/10/2015		Scheduled Completion Date (11) 07/11/2015		Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥150 sf or ≥250 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
rooms 20A, 21, 23		x		mastic from ceiling tiles	
				17sf	
				x	
Name of Registered Waste Hauler Lilich Corporation City, State Woodland Park, NJ		NJDEP Waste Hauler ID No. 18724		Name of Registered Landfill G.R.O.W.S., Landfill City, State Morrisville, PA	
Completed by Momo Glavotovic		Title vice president		Signature 	
				Date 07/9/15	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CHECK #1221

Date of Notification (1) 07/13/2015		Name of Building Owner/Operator (2) Robert & Marilyn Richardson		JUL 14 2015					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		15 Orchard Street					
				City, State, Zip Code Morristown NJ 07960					
				Name of Contact Robert Richardson	Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 15 Orchard Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morristown				Square Feet 1,900 +	# of Floors 2				
				Bldg. Age 50+					
County (6) Morris County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address				Street Address 205 Route 46					
City, State, Zip Code				City, State, Zip Code Totowa NJ 07512					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-9176	License No. 01232				
Start Date (10) 07/25/2015		Scheduled Completion Date (11) 07/25/2015		Name of OSHA Monitor Envirovision Consultants Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 20-21 Wagaraw Rd. - Bldg.35E					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Working Hours				City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	160LF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Totowa NJ 07512				Disposal Date TBD	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title Project Manager		Signature 		Date 07/13/2015			

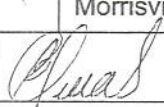
CK 2711

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/10/2015      Check #2771		Name of Building Owner/Operator (2) Bergen Catholic H. S. <span style="float:right">JUL 15 2015</span>							
Agencies Notified	Type Notification	Street Address 1040 Oradell Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Danny	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen Catholic High School-Boiler Room		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1040 Oradell Avenue		Square Feet	# of Floors						
City (5) Oradell, NJ		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700						
			License No. 01074						
Start Date (10) July 22, 2015	Scheduled Completion Date (11) July 25-2015	Name of OSHA Monitor EA Services Corporation							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: <u>Starting 7 AM-3:30 PM</u>		Street Address same as above							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room-Boiler #1-H			x	Boiler breaching insulation	6 SF	x			
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ			Disposal Date tbd	City, State Morrisville, PA					
Completed by Gina Salvador		Title Office Manager	Signature <i>Gina Salvador</i>			Date 7/10/2015			

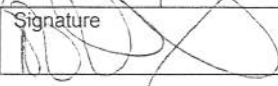


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/10/2015      Check #2772		Name of Building Owner/Operator (2) Marist High School							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1241 John F Kennedy							
		City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Mr Mark Lenzo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Marist High School		Type of Facility (4)							
Street Address 1241 John F Kennedy		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne, NJ 07002		Square Feet 28,000	# of Floors 2						
		Bldg. Age 50+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 280 Hyuler Street		Street Address 426 69th Street							
City, State, Zip Code Hackensack, NJ 07606		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-489-8700	License No. 01074						
Start Date (10) July 24, 2015	Scheduled Completion Date (11) July 29-2015	Name of OSHA Monitor EA Services Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Starting -3:00 PM		same as above							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 127-First Floor		x		Pop-corn ceiling	22 SF		x		
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date tbd		City, State Morrisville, PA					
Completed by Gina Salvador		Title Office Manager		Signature 			Date 7/10/2015		

CK 48063

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 10, 2015		Name of Building Owner/Operator (2) PATH Harrison Station / Port Authority							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street Room 236							
		City, State, Zip Code Jersey City, NJ 07310							
		Name of Contact U. Mehta, Manager, Environmental Field	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PATH Harrison Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Frank E Rodgers Blvd S		Square Feet	# of Floors						
City (5) Harrison NJ		Bldg. Age							
County (6) Hudson County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Weston Solutions		ASCM No. 00136	Name of Abatement Contractor (9) Gramercy Group, Inc.						
Street Address 205 Campus Drive		Street Address 3000 Burns Ave.							
City, State, Zip Code Edison, New Jersey 08837		City, State, Zip Code Wantagh, NY 11793							
Project Manager for Monitoring Firm		Telephone No. 732-417-5800	License No. 01085						
Start Date (10) 7-28-15	Scheduled Completion Date (11) 12-31-15	Name of OSHA Monitor Danny Garcia							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 3000 Burns Avenue							
		City, State, Zip Code Wantagh NY 11793							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cut lines on Steel beams		X		ACM Paint on steel beams	3,510 sf	X			
Name of Registered Waste Hauler Horwith Trucking		NJDEP Waste Hauler ID No. PA-263	Cubic Yards of Waste	Name of Registered Landfill Enviro Safe Services					
City, State 1449 Nor Bath Road		Disposal Date		City, State 876 Otter Creek Rd					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 7-10-15			



Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2015-125

\*\*\* Sub chapter 8 \*\*\*

Check # 7297

Date of Notification (1) 07/13/15		Name of Building Owner/Operator (2) Montville Board of Education	
Agencies Notified	Type Notification	Street Address 86 River Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montville, NJ 07045	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact James T. Tevis	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Valley View Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 30 Montgomery Avenue			Square Feet # of Floors Bldg. Age		
City (5) Montville, NJ 07045	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Elementary School		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 00079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road, Building 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/27/2015		Sched. Completion Date (11) 08/01/2015	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
front door bottom of Boiler 1			<input checked="" type="checkbox"/>	cementitious material	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back door of Boiler 2			<input checked="" type="checkbox"/>	cementitious material	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
front door top of Boiler 2			<input checked="" type="checkbox"/>	cementitious material	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	boiler breeching	250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	260 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/03/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/13/2015

B &amp; G proj. #: 2015-126

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7298

Date of Notification (1) 07/13/15		Name of Building Owner/Operator (2) TD Bank	
Agencies Notified	Type Notification	Street Address 732 Anderson Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Cliffside Park, NJ 07010	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Thomas Messina	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) TD Bank			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 732 Anderson Avenue			Square Feet # of Floors Bldg. Age		
City (5) Cliffside Park	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Bank		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/27/2015		Sched. Completion Date (11) 07/29/2015	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

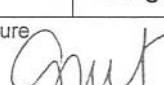
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement brake room & hallways			<input checked="" type="checkbox"/>	VAT & Mastic	615 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/30/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 07/13/2015



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 9 / 15			Name of Building Owner/Operator (2) PSE&G / Job #1506-4920 Check #7348						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ 07080 Name of Contact Andrew Yassa Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Switchyard			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 996 Klemm Ave.			Square Feet						
City (5) Gloucester			# of Floors		Bldg. Age				
County (6) GLE		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Switchyard					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048					
City, State, Zip Code Berlin, NJ 08009		Telephone No. 856-452-1311		License No. 00529					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-265-2107		Name of OSHA Monitor EMSL Analytical					
Start Date (10) 8 / 13 / 15		Scheduled Completion Date (11) 8 / 14 / 15		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM					
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk	642 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107		Cubic Yards of Waste 20		Name of Registered Landfill Conestoga Landfill			
City, State Flanders, NJ		Disposal Date 8/14/15		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 7/9/15			